

FROM NORTHEAST KINGDOM HUMAN SERVICES

2/2/06

To the concerned residents of Greensboro:

We, in answering your questions and talking about this project, must keep in mind, our professional codes of ethics, our policies and the need to safeguard our consumers protected health information. Our client's right to privacy and confidentiality is imperative to the work we are doing. Below, please find the responses to your questions. It is our hope that you have a better understanding of this project and please recognize we are at the early stages of this initiative.

### **Lakeview Inn Proposal Questions**

**1. Please provide a list of all facilities or programs currently or previously owned or managed by NKHS.**

NKHS is a non-profit community based organization that is designated by the State of Vermont to provide services to adults and children with mental illness, substance abuse issues and developmental disabilities. These services are provided in various clinic settings, in the schools, primary care offices, the consumer's homes as well as in various residential facilities. We have hundreds of individuals placed in supportive care arrangements in private homes. We have six group homes and a 3-bed transition house located in six towns, Lyndonville, Barnet, Waterford, Lowell, Lyndon and Newport. In these residential programs we serve consumers with chronic and persistent mental illness such as schizophrenia, schizoaffective disorder, major depressive disorders, etc, mental retardation, developmental disorders such as autistic spectrum disorders as Aspergers, as well as behavioral disorders, brain injury, people with personal care needs and those who have offending behaviors who've been deemed incompetent to stand trial but are in need of supervision and treatment by the judicial system.

We also have collaborative relationships with two community care homes and a women's recovery house where we provide consultation, case management and treatment. These homes we run, meet the licensing standards set by the State of Vermont, where applicable and are subject to regular and episodic on site review of facility, records, client well-being and staffing, and virtually all aspects of care.

**2. Please provide a list of any facilities or programs that have been: closed or abandoned or former location.**

NKHS has never lost certification in any areas of service, nor have we closed any program because of inability to provide care or by not meeting required standards.

**3. Please provide a list of any facilities or programs owned or managed by NKHS that expanded its provision of services after first opening.**

One group home which initially opened with 3 residents, expanded to 4 residents, to utilize an existing attached apartment. However, the initial survey did allow for the expansion to 4 beds.

**4. What entities will be accrediting, licensing or regulating the operations of the new proposed facility?**

The following governing bodies will be involved in the licensing and regulatory processes that are required; Department of Aging and Independent Living- annual licensure review, Department of Mental Health- quality assurance reviews, as well as Agency designation reviews- mandatory statutory reviews of programs and program quality. However, it has been our experience in the past, prior to admitting any clients, we undergo mock reviews, in particular to insure the health and safety standards are met and we are on the right footing to meet the expectations of our reviewers.

**5. Will outpatient or drop-in services be provided to non-residential clients/patients at the proposed facility?**

At this point in time all services being developed will be for the residents of the proposed program only. As we are promoting an integrated model of care involving behavioral health and primary care in many health centers in our region, we would look to continue that initiative by partnering with the Hardwick Health Center. There could be the potential for discussion around offering psychiatry time to the health center if needed. The facility itself is large enough to provide some private office hours if the community expresses a need for this service. We have no plans for a “drop-in “ center now or in the future.

**6. With appropriate shielding of individual identities, please provide an aggregate profile of the population of patients/clients that would be eligible to be considered for placement at the new proposed facility.**

All referrals to this program will come directly from DMH/VSH. Prospective consumers of this program will be Vermont residents only, 18 years of age or older and who are currently in the care and custody of the Commissioner of Health. This facility, along with the entire VSH Futures Project is one of a network of new and existing programs that include group homes, residential facilities, acute psychiatric units, and projected future acute units all throughout the state of Vermont. First priority is to individuals at the state hospital. This system of care will help to streamline appropriate treatment options for NEK residents and others to any identified appropriate placement throughout the state and is a major component to this new system.

With regards to the DSM-IV information and statistical breakdown of potential client population that would be considered for this program, the specific data is not centrally collated, nor available to us. The number of man- hours and resources necessary to search this information for the purpose of this meeting is an unrealistic request and undertaking. The State of Vermont publishes annual statistics based on criteria for statistical reporting by all agencies and may be available from them. It does not however

conform to your requested list. It will instead give you a sample composite of who might be coming to this program.

**7. Please provide specifics on the selection protocols that will be used to choose residents for the proposed new facility and who will be making the selections.**

Selection protocol is a group process, which includes consumer interviews, and clinical team recommendations. Full psychiatric, functional and medical assessments will preclude admission. All admissions will be approved by program director and treating psychiatrist.

**8. Please also provide the standard that will be used to determine continued eligibility for residents at the proposed new facility.**

Recovery based treatment is dependent on many factors, including engagement and treatment response as measured by specifics outlined in the client's individualized treatment plan. The process of engagement is expected within a measurable time frame, two to three months. Only residents who refuse treatment and or whose mental status changes such that they may need a different level of care would be prematurely discharged from the program and subsequently transferred to an appropriate treatment facility. Early discharge would be made as a clinical decision, including client and family input. The average length of stay is anticipated to be 6 to 24 months.

**9. Who will be the person serving as the director of the proposed facility with responsibility for day today operations.**

Active recruitment for these key administrative and clinical positions has begun in earnest but final selection remains on hold until a facility is secured. Day to day operations will be the responsibility of the program director. NKHS has sufficient infrastructure to back fill any key management vacancies until recruitment efforts are realized. (Full staffing list is available) The Division Director for Mental health and Substance Abuse Services for NKHS will provide administrative oversight to this program.

**10. Will the proposed facility be staffed 24 hours/day, 365days a year.**

Yes. No staff will live on premise. We have proposed unprecedented levels of staffing and supervision in this model, including psychiatry, nursing, rehabilitation specialists, social workers, vocational specialists and peer support workers. Contracted specialists based on client interest are budgeted as well as primary care.

**11. What physical changes are anticipated on the property...**

There are no major changes planned. A small tasteful sign will be considered. We will be evaluating electronic surveillance technology for security effectiveness while considering human rights issues. Fire alarms in all current NKHS facilities are connected

to emergency fire stations and we will evaluate the Lakeview system to comply with our needs. We will entertain any reasonable request of the abutters to address privacy and safety concerns. We recognize the historic status of this building and will abide by all laws and codes to preserve its integrity.

#### **12. Septic and water question...**

We are required to have a septic and water inspection prior to licensing. We expect our occupancy will be less than the Inn's was at full capacity.

#### **13. What hazardous, pharmaceutical or biohazard materials will be stored or used at the facility ....**

Medication storage, as in all our facilities, follows strict protocols, under the direct supervision of our nurse manager. All medications will be stored in double locked closets. All staff is trained in universal precautions and standard outpatient protocols will be followed for handling all sharps and potentially biohazard materials. We have agreements with NVRH for proper disposal of our biohazard waste. We can see no reason to be using or needing or storing any hazardous or toxic waste on the property.

#### **14. Incremental demands on police...**

NKHS has a longstanding relationship with the sheriffs in Caledonia and Orleans Counties and initial conversations have begun with the chief of police in the Hardwick/Greensboro Department. We have the capacity to contract for police coverage for our specific needs but would expect the same services as any resident of Greensboro community. Discussions have begun regarding necessary sensitivity training for law enforcement should this program be realized.

#### **15. Will there be any loss of tax revenues...**

No. We are committed to pay our fair share of funds to the town, payment in lieu of taxes based on appraisal as if a private dwelling. We would be expecting the same services and rights to appeal. NKHS would enter into a formal agreement with the town, in this regard.

#### **16. What interaction is expected with facility residents and towns people....**

No formal interactions are expected at this time. However there are opportunities to be developed, such as volunteer positions, mentors, support workers and friends. We would encourage community members to take an active role on our human rights board and other committees of interest. We assist our residents in going to church/synagogue and worshipping as they choose. Residents will be supervised and accompanied by staff until such time that they demonstrate the independent skills needed to successfully

negotiate on their own, at which point they would probably be ready to move to a less restrictive program alternative.

Initially there will be restricted access of the public to the program, as privacy will be respected. Prior to opening, we would welcome interested community members a full tour and presentation of our program. An open house would be planned.

**17. What will the legal status be of the facility residents, can they vote...**

We have been told in the past, if an individual can take the “freeman’s oath”, they can vote. Law requires us when people go through an intake procedure, to offer them the opportunity to register to vote in the town of which they are a resident. We have not experienced that people in temporary living situations have expressed a desire to change residency. However, if they wish to do so, they can, the same as you or I. We don’t encourage or discourage, we do teach them their rights and encourage active participation in this democracy.

Residents of this program can participate in recreational activities sponsored and supervised by the program. Firearms are prohibited on all NKHS property.

**18. Please provide a summary of the anticipated weekly schedule for residents...**

Again, we are in the early stage of program development but our program model is based on a structured week with elective activity blocks designed to meet client interests and needs. Our program is grounded in collaboration through engagement not coercion and compliance. The philosophy of our program is recovery based, strength centered with an emphasis on empathic, caring continuous relationships.

**19. Please provide a copy of the resident handbook...**

As this project is in it’s early stages of development, policies, procedures, protocols, etc...are being created in conjunction with the Futures Advisory Committee, sub-committees, and other stakeholders. We have many templates from other programs and services from NKHS and our sister agencies. We will use these as a starting point for BHRRC.

**19. What direct benefits will the proposed facility provide for the town of Greensboro...**

We are a health care provider and essentially a “clean industry”. We have a long-term record of solvency and a perfect record of meeting our payroll on time and paying our bills. The benefits offered to us by a reliable town and local workforce are as valuable to us as to any employer and we encourage whole-heartedly local applications. As a non-

profit health care provider our mission is to serve and engage our local communities and expand the quality of life for all Vermonters. The above caveat of confidentiality does not apply, when clients give permission to share information. Community events hosted by BHRRC are a dream of ours. The vocational opportunities offered by the on site industrial kitchen offer many possibilities as we have a habit of getting people together around food to promote ideas and share in community.

## **20. Why has there been so little effort to inform the Greensboro community...**

We have shared with a number of people our initial contacts with the town that essentially said we have looked at the facility as an option and had done nothing further. After a review by our architects, Labor and Industry, and state program officials we decided that we very much liked the facility for our purposes and would have it appraised. We did at that time feel the purchase price would prohibit acquisition. At that time we notified town officials that we very much liked the facility, had intent to pursue this but realizing our goals was in no way assured. The appraisal took a number of weeks and after receiving it, we began negotiations with the seller through Lang Reality. After a week or more we agreed on a price on the evening of January 19<sup>th</sup> and notified one of the selectmen the next day. Our intent at that time was to solicit from town officials, what would be the best forum to communicate with residents. It should be noted that in order for us to begin a process expending significant resources to further develop the program we must secure an option on the property and remove it from the market. Only at that point do we begin license application, policy and protocol development, inspection, and more in depth client review, etc. Also of significance is that the P&S has numerous contingencies that allow the purchaser to withdraw from the sale, the final contingency is NKHS board approval. In reality through the efforts of town officials we have realized a public town meeting to discuss this project in only two weeks time.

We regret that prior to our informational meeting you have such acute concerns and expressed suspicions of who we are and how we operate. Some Greensboro property owners feel that we have been secretive in our efforts to develop this program. We have been open and communicative about this project every step of the way. We started our discussions with the hospital in St. Johnsbury almost a year ago and gave presentations about this initiative to numerous groups and stakeholders. We spoke with people both formally and informally when we were considering the appropriateness of the Concord property. When we were finally introduced to the Greensboro property we gave what information we had, even when we had little to go on. Please understand we are two dedicated people working on this social vision of change and have stayed the course for the last year. We have put an inordinate amount of time and research into this project along with all our other responsibilities. We are thoughtful dedicated community providers and deserve respect not criticism for our efforts. Our excitement over the possibility of this large, newly renovated inn being a part of Vermont's social history seemed in harmony with what we thought we new about Greensboro and the influence it had on a previous decades of social change at the Vermont State Hospital. Our charge

has been to move from an institutionally based model to a community recovery based model, and counter stigma in the process. It is a large and worthy task. It's too bad the "noise of negativity" has risen so loud and so fast that there has been disturbingly little thoughtful consideration when all is said and done. We still remain dedicated to raising the standards of care for the most vulnerable mentally ill Vermonters.

We have attempted here to answer your questions as honestly as possible without relinquishing to you our responsibility to manage and develop this program. We love our work and get strength from those we serve. We ask of this community that you welcome us and understand us and if that is not possible that you tolerate us and accept us. We have also been in communities where we have been ignored (we all have a neighbor or two we don't pay much attention to) and where that has happened we have still done what we have set out to do in comfort. Beyond this it is clear we will not live where we are not wanted and if that is the case we will all miss an opportunity.

Sincerely and in peace,

Eric Grims and Cathy Rousse